·.•				51						
CLAIMS ONLY					Application Number 15 Filling-Date					
	Applicant(s)									
CLAIMS	ASFILED									
1	Indep Depend	tridep Depend	Indep Depend		Indep	Depend	Indep	Depend		
2				51 52						
3	 	1		53						
5				55						
<u>6</u> 7		 		56				╟╌╂╼╼┫	 - -	
8										
10	:		-	59					 - -	
11								\Box		
13		 		. 62						
14										
16								1-1		
17 18								\Box		
19				68				1. 1	- - - - - - - - - - 	
20 21							_	1.		
22				71				\neg		
23										
24		-/-		74						
26										
27 28		-/-		77			_	-} }-		
29 30							\neg	1		
31		+++		80				╅		
32										
33 34				83	-				- 	
35 36							\dashv			
37	 -	-11-1-								
38 39						-				
40		╫╌╂╌╂╌								
41				81						
43	·	/ 		85 .						
44 45				94						
46	/			95 98						
47 · 48			I	97						
49				99						
Total				.100	_ -		-			
Indep				Total Indep	1	4	1		╤┼╌┵┥	
Total Depend	-4 -	スマート	-4 11	Total		17		1	3 <u>.</u>	
Total				Depend Total		2	2	2	1	
Ctaims	 	4		Total Claims	L_	3		3	4	